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10/772,477 10/05/2004 Robert Burgancier SG_2-11462-US01 4974 TILE OF INVENTION: MEDICAL DEVICE WITH VARYING PHYSICAL PROPERTIES AND METHOD FOR FORMING SAME  APPLN. TYPE SMALL ENTITY ISSUE FEE DUB PUBLICATION FEE DUE FREV. FAID ISSUE FEE TOTAL FRE(S) DUE DATE DUE nonprovisional NO 51440 5300 50 51/40 04/09/2008 50 84/88/2688 HNGUYENE 88868658 228358 16772477  BXAMER ART UNIT CLASS-SUBCLASS 91 FC.1561 1446,68 DA 388.89 DB 94/88/2688 HNGUYENE 88868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 88868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 88868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 388.89 DB 94/88/2688 HNGUYENE 268868658 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 14462-480 BB 94/88/2688 HNGUYENE 2688686858 228358 16772477  JACOBSON, MICHELE LYNN 41/74 428-035900 82 FC.1584 14462-480 BB 94/88/2688 HNGUYENE 2688688688888888888882828358 18772477  JACOBSON, MICHELE LYNN 41/74 428-80 DB 94/88/26				<u>t</u>	K CHILLING	luloc	
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EXAMINER  ART UNIT  CLASS-SUBCLASS  81 FC.1584  1ACOBSON, MICHELE LYNN  4174  428-036900  Change of correspondence address or indication of "Fee Address" (37 CFR 1.53).  Change of correspondence address or indication of "Fee Address" (37 CFR 1.53).  Change of correspondence address or indication of "Fee Address" (37 CFR 1.53).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) anached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) anached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) anached.  Change of correspondence address (or Change of Correspondence Address from PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set from in 37 CFR 3.11. Completion of this form is NOT a substitute for line at assignment.  (A) NAME OF ASSIGNEE  Boston Scientific Sciented, Inc.  Maple Grove, MN   4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)	APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUR	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FRE(S) DUE	DATE DUE
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Acobson, Michele Lynn	EXAM	ONER	ART UNIT	CLASS-SUBCLASS			
Change of correspondence address (or Change of Correspondence Address Form PTO/SIB/122) attached.	JACOBSON, MICHELE LYNN 4174			428-036900			
ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignce data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  BOSTOR Scientific Scimed, Inc.  Maple Grove, MN  lease check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  a. The following fee(s) are submitted:    Sister Fee	FR 1.363).  Change of corresp Address form PTO/S	condence address (or Cha B/122) attached.	nge of Correspondence	(i) the names of up to 3 registered patent anomous or agents OR, alternatively.  (2) the name of a single firm (having as a member a registered atroncey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Boston Scientific Scienced, Inc.  Maple Grove, MN    lease check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity   Government  a. The following fee(s) are submitted:   4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)   A check is enclosed.    Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)   A check is enclosed.    Payment by credit card. Form PTO-2038 is attached.   Payment by credit card. Form PTO-2038 is attached.   The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2.2 0.350 (enclose an extra copy of this form).    Change In Entity Status (from status indicated above)   b. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).    Continued Signature   Continued Status and Engineer of other party in the payment of the United States Patent and Engineer of other party in the payment of the United States Patent and Engineer of other party in the payment of the United States Patent and Engineer of other party in the payment of the United States Patent and Engineer of the Pagent of the United States Patent and Engineer of	Number is required.	·					
Boston Scientific Scimed, Inc.  Maple Grove, MN  lease check the appropriate assignce category or categories (will not be printed on the patent):	PLEASE NOTE: Un recordation as set for	less an assignee is ident th in 37 CFR 3.11. Comp	ified below, no assigned pletion of this form is NC	data will appear on the p of a substitute for filing an	atent. If an assignee is i assignment.	dentified below, the d	locument has been filed for
lease check the appropriate assignce eategory or categories (will not be printed on the patent): Individual Corporation or other private group entity Government  a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)  See A check is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2 - 03 50 (enclose an extra copy of this form).  Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  Indicated Signature  Anthorized Signature  Date Pri 7 29 0 8  Projectories No. 20, 502			ed, Inc.				. 5
A check is enclosed.  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies  Change in Entity Status (from status indicated above)  a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Deposit Account Number 2.2—0.350 (enclose an extra copy of this form).  Change in Entity Status (from status indicated above)  a Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  Deposit Account Number 2.2—0.350 (enclose an extra copy of this form).  Date Ari 7, 2.3 2 8  Projector is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2.2—0.350 (enclose an extra copy of this form).				rinted on the patent) :	Individual 🖎 Corporat	ion or other private gr	oup entity Government
Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).  iOTE: The Issue Fee and Publication Fee (if required) will not be secepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Date Pri 7 2508	Issue Fee Publication Fee (I	No small entity discount		A check is enclosed.  Payment by credit ca	rd. Form PTO-2038 is all	ached.	Ş
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  IOTE: The Issue Fee and Publication Fee (if required) will not be secrepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in our rest as shown by the records of the United States Patent and Trademark Office.  Date ### 7. 25 0 8  Projection No. 29, 592			d above)	overpayment, to Dep	sit Account Number 22_	0350 (cinclose i	an extra copy of this form).
Anthorized Signature April 7, 2508  Parity tipe No. 29, 592	D a Amilicant clain	os SMALL ENTITY stat	us. See 37 CFR 1.27.	b. Applicant is no lor	ger claiming SMALL EN	TITY status. Sec 37 C	CFR 1.27(g)(2).
Positivities No. 20, 502	NOTE: The Issue Fee at interest as shown by the	records of the United St	ales Patent and Trademar	k Office.			_
Typed or printed name Walter J. Steinkraus Registration No. 29,592	Anthorized Signature	My			Date April	7, 200	<u>8</u>
	Typed or printed nam	Walter J.	Steinkraus	· · · · · · · · · · · · · · · · · · ·	Registration No.	29,592	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paterial and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Putents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Robert Burgmeier, Richard Goodin, Joseph Delaney Jr, Larry

Peterson

Application No.:

10/772477

Filed:

February 5, 2004

For:

MEDICAL DEVICE WITH VARYING PHYSICAL

PROPERTIES AND METHOD FOR FORMING SAME

Examiner:

Michele Lynn Jacobson

Group Art Unit:

4174

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

Docket No.: S63.2-11462-US01

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TO: Examiner Michele Jacobson FACSIMILE NO.: 571-273-2885

GROUP ART UNIT:

TOTAL NUMBER OF PAGES (including cover letter): 4

DATE: (1) 1, 2008

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Please charge the Issue Fee of \$1440.00 and the Publication Fee of \$300.00 to Deposit Account 22-0350. To the extent that any petition is required to consider this communication, please treat this as such a petition.

Respectfully Submitted,

VIDAS, ARRETT & STEINKRAUS, P.A.

Date: April 7, 2008

Walter J. Steinkraus

Reg. No. 29,592

Suite 400, 6640 Shady Oak Rd. Eden Prairie, MN 55344-7834 Telephone: (952) 563-3000

Facsimile: (952) 563-3001

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